

PATIENT QUESTIONNAIRE

Name: _____ or / MR# _____

Gender: Male _____ Female _____ Other _____ Date: _____

Please complete the following questions. Your answers will be kept confidential and will be used by your healthcare provider for your treatment. This information will be helpful in your medical care, however you have the right to decline to answer.

A drink is defined as a 12-ounce beer, a glass of wine, or a "shot" of liquor. A 40-ounce beer is equal to 3 drinks.

To be answered by MEN ONLY:

Circle the appropriate answer

M1. Do you typically drink more than 2 drinks per day? Yes No

M2. On average, do you drink more than 14 drinks per week? Yes No

M3. Do you ever drink more than 5 drinks at any one time? Yes No

To be answered by WOMEN and SENIORS (age 65 and older) ONLY:

W1. Do you typically drink more than 1 drink per day? Yes No

W2. On average, do you drink more than 7 drinks per week? Yes No

W3. Do you ever drink more than 4 drinks at any one time? Yes No

To be answered by ALL:

Circle the appropriate answer

1a. Do you use any drugs other than tobacco or those prescribed by a physician? Yes No

1b. If you use other drugs, please circle which ones. Cocaine/ Crack Heroin Pain Pills Downers/ Sedatives Ecstasy/ Club Drugs Amphetamines/ Speed/ Crank Marijuana Others _____

2. Have you ever felt you should cut down on your drinking or drug use? Yes No

3. Have people ever annoyed you by criticizing your drinking or drug use? Yes No

4. Have you ever felt bad or guilty about your drinking or drug use? Yes No

5. Have you ever had a drink or used a drug first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover? Yes No

6. Has a physician ever told you to cut down or quit use of alcohol or drugs? Yes No

7. Has your drinking or drug use caused family problems? Yes No

8. When drinking or using drugs have you ever had a memory loss or blackout? Yes No

To be answered by ALL:

Please circle the word that best describes your answer

9. Do you feel that alcohol or drugs are a problem in your life?

Yes | Probably | Maybe | No

10. Are drugs or alcohol a problem for anyone in your family?

Yes | Probably | Maybe | Don't think so

11. Would you be interested in speaking with a counselor about your or a loved ones alcohol or drug use?

Yes | Probably | Maybe | Don't think so